

Washington State Health Care Authority

Pharmacy Services Administrative Organization Data Submission Guide

Drug Price Transparency – RCW 43.71C

Version 4.0

Effective Date: 10/1/2023

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About

In 2019, the Washington State Legislature passed a law ([Chapter 43.71C Revised Code of Washington](#)) which created the Drug Price Transparency (DPT) program at Health Care Authority (HCA). The law requires issuers of health insurance, pharmacy benefit managers (PBMs), manufacturers, and pharmacy service administrative organizations (PSAOs) to submit drug cost and price data to HCA. HCA will use the data to create annual reports that demonstrate the overall impact drug costs, rebates, and other discounts have on health care premiums.

You may visit HCA website for more information about the Drug Price Transparency program.

<https://www.hca.wa.gov/about-hca/clinical-collaboration-and-initiatives/prescription-drug-cost-transparency>

HCA developed this submission guide with input from stakeholders, which allowed for stakeholders to review and comment on the draft data submission guide, prior to publishing the final guide. HCA has final approval authority over the data submission guides and all subsequent changes.

For recent updates about the Drug Price Transparency (DPT) program, please see the link below:

<https://www.hca.wa.gov/billers-providers-partners/prescription-drug-cost-transparency-update>

Contacts

Compliance Questions or General Program Questions

For compliance questions or general questions about the Drug Price Transparency program, not related to technical data submissions, please contact the program staff by sending an email to:

drugtransparency@hca.wa.gov

Technical Support

For technical assistance related to questions about data definitions, formatting, or the data submission process, please contact the technical support staff by sending an email to:

HCADPTTechSupport@hca.wa.gov

Definitions

"Authority" means the Health Care Authority.

"Calendar days" means the same as in [Washington Administrative Code 182-526-0010](#).

"Calendar year" means the period from January 1 to December 31 of each year.

"Current year" means the year 2022.

"Data" means all data provided to the authority under [RCW 43.71C.020](#) through [43.71C.080](#) and any analysis prepared by the authority.

"Data submission guide" means the document that identifies the required data to be reported under [RCW 43.71C](#) and provides instructions for submitting this data to the authority, including guidance on required format.

"Pharmacy benefit manager" means the same as in RCW [19.340.010](#).

"Pharmacy services administrative organization" means an entity that:

- (a) Contracts with a pharmacy to act as the pharmacy's agent with respect to matters involving a pharmacy benefit manager, third-party payer, or other entities, including negotiating, executing, or administering contracts with the pharmacy benefit manager, third-party payer, or other entities; and
- (b) Provides administrative services to pharmacies.

"Prescription drug" means a drug regulated under chapter [69.41](#) or [69.50 RCW](#), including generic, brand, specialty, and biological products that are prescribed for outpatient use and distributed in a retail setting.

"Prior year" means calendar year 2021.

"Rebate" means negotiated price concessions, discounts, however characterized, that accrue directly or indirectly to a reporting entity in connection with utilization of prescription drugs by reporting entity members. This includes, but is not limited to, rebates, administrative fees, market share rebates, price protection rebates, performance-based price concessions, volume-related rebates, other credits, and any other negotiated price concessions or discounts that are reasonably anticipated to be passed through to a reporting entity during a coverage year, and any other form of price concession prearranged with a covered manufacturer, dispensing pharmacy, pharmacy benefit manager, rebate aggregator, group purchasing organization, or other party which are paid to a reporting entity and are directly attributable to the utilization of certain drugs by reporting entity members.

"Reporting entity" means carriers, covered manufacturers, health carriers, health plans, pharmacy benefit managers, and pharmacy services administrative organizations, which are required to or voluntarily submit data according to chapter [43.71C RCW](#).

"Wholesale acquisition cost (WAC)" means, with respect to a prescription drug, the manufacturer's list price for the drug to wholesalers or direct purchasers in the United States, excluding any discounts, rebates, or reductions in price, for the most recent month for which the information is available, as reported in wholesale acquisition cost guides or other publications of prescription drug pricing.

Submission Schedule

The table below describes the schedule of submissions that are required for you to be in compliance with the DPT program for this reporting period.

Report Type	Submission Due Date	Submission Information
Pharmacy Contracted Rates	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
Pharmacy YOY Rate Change	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
PBM Contracted Rates	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.
PBM YOY Rate Change	October 1, Annually	A pharmacy services administrative organization representing a pharmacy or pharmacy chain in Washington State must submit to the authority the data specified in RCW 43.71C.080 following the guidelines set forth in this data submission guide for calendar year 2021.

How to Register and Submit

You must sign up for a Secure Access Washington Account (SAW). The email address used for this SAW account must match the DPT primary or secondary contact email address. Please note you are only allowed 2 (two) contacts. This is a change from the previous system.

[SAW Instructions](#)

[Portal Instructions](#) (also listed at the end of this document)

Submission Specifications

Data Validation

Data validation is a two-step process and at any time submissions may be rejected. Each submitted file undergoes technical and program validation to ensure that the data meets the requirements of RCW 43.71C and is compatible with HCA's reporting software. These primarily cover verification of data types (number vs. string) and formats (2023-01-01 vs. 01/01/2023). The program validation process is performed by program staff after technical validation and includes additional checks of the files to complete the data validation process.

If your report is rejected during Program validation, you will need to resubmit a corrected report within 10 business days of receipt of the rejection notice.

Step 1 Technical validation – You will receive immediate confirmation whether your submission passed or failed Technical Validation. If your submission passed Technical Validation a message indicating your submission was successfully uploaded will appear on the screen. If your submission failed, you would see an error log noting a list of all errors that must be corrected. All errors must be corrected prior to clicking the submit button. If you do not receive an email notification of either success or failure within 72 hours of submitting your report, please contact DPT program staff at drugtransparency@hca.wa.gov to confirm that your submission was received and processed.

Step 2 Program validation – An analyst will validate information submitted in ensure it meets program requirements. You will receive an approval email or a rejection email. This email will be sent to the email provided when you registered. If your report is rejected, you will need to resubmit within 10-days.

If you need help understanding your error log, the [Data Submission FAQ](#) clarifies the meaning of the error and provides guidance on corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance.

If you need help understanding your error log, the [Data Submission FAQ](#) clarifies the meaning of the error and provides guidance on corrections, or you may submit your questions to HCADPTTechSupport@hca.wa.gov for assistance.

Resubmissions

Failed Program Validations

In the event that your submission is rejected, you have 10 days after you receive the initial rejection notice to make necessary corrections and resubmit. You may [request an extension](#) of the due date subject to HCA approval. If you fail to comply with reporting requirements after receiving a rejection notice, the authority may assess a fine as allowed under WAC 182-51-1300.

To ensure that you receive credit for a resubmission, you should use the same YYYYMMDD value in the file name as you did in your first submission.

For example, if you submitted the file ‘psao_pharmacy_contract_rate_2022_S12345_20231201.csv’ and received a rejection, after making corrections you should resubmit the file ‘psao_pharmacy_contract_rate_2022_S12345_20231201.csv’ with the same name as it was originally submitted under, even if the date of resubmission is a different date.

Correcting Submissions

In the event that you find an error in your approved submission, you will need to fill out the [Resubmission](#) form which can be found on our portal prior to resubmitting your report. You will need to let HCA know which report you will be resubmitting and the specific reasons why you request to resubmit. HCA will review your request and approve or deny your request within 5 business days. In the event your resubmission is rejected during technical or program validation, you would be subject to the 10-day limit for correcting rejected resubmissions.

File Specifications

All files submitted must be text files with comma-separated values (CSV). The text should be encoded using the UTF-8 standard. Line endings in UNIX (“\n”) or Windows (“\r\n”) format are both acceptable. The header row must be included in every file. For detailed technical guidance, see the [Library of Congress CSV Definition](#).

Appropriately formatted files can also be generated via Microsoft Excel by saving a spreadsheet in CSV format. This will remove many of the features included in Excel, such as formatting, formulas, and “sheets”, so you may want to save a copy in Excel format for your own reference in the future. We recommend using Microsoft Excel 2016 or

earlier for the submission guide templates. Using Microsoft Excel 2019 or Microsoft 365 can cause formatting issues when saving as a CSV file and result in errors.

File names should follow the naming scheme specified for the specific data that you are submitting. See Table Specifications section for more information.

Data Specifications

Nullable: All fields are required, unless otherwise indicated in the table specification. A field that is not required, will be indicated with the word “Nullable” in the specification. In those cases, you may leave that field blank. Do NOT provide the value as “NULL”, or otherwise provide a special indicator of a null value. In all other cases, providing a blank value will result in a rejection by the automated validation.

Date Formats: Unless otherwise specified, all dates should be reported in [ISO-8601](#) format with hyphens between years, months, and days: “YYYY-MM-DD”. For example, December 1, 2022, would be recorded as “2022-12-01”.

Important note about Excel version: We recommend using Microsoft Excel 2016 or earlier for the submission guide templates. Using Microsoft Excel 2019 can cause formatting issues when saving as a CSV file and result in the file being rejected.

Template Formatting

- ** Do not replace “manufacturer” with your organizations name, this will result in your submission being rejected.
- ** Do not use commas in Column B – Manufacturer Name.
- ** Do not use trademark symbol anywhere in template.
- ** Do not use a hard return (enter key) in any field.

Table Specifications

Pharmacy Contracted Rates

This report shows the contracted rates between the PSAO and the pharmacy as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pharmacy_contracted_rates” with your organizations name as this will result in your submission being rejected.

File naming schema: psao_pharmacy_contracted_rates_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pharmacy_contracted_rates__2022_S12345_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2023, and should include data effective for 2022.

Specification	Description
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<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345.</p> <p>Example:</p> <table border="1" data-bbox="630 510 1508 674"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p>Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy services administrative organization.</p>										
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022</p>	<p>Current year for which the aggregate data is reported.</p>										
<p>Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R, M, O</p>	<p>Network Descriptor for location has one of the following values:</p> <p>R = Rural M = Metro O = Other – Describe in General Comments field.</p>										
<p>Name: Pharmacy Chain Code Type Classification Type: Choice Choices: G, C, I, O</p>	<p>Network Descriptor for type has one of the following values:</p> <p>G = Grocery C = Chain I = Independent O = Other – Describe in General Comments field.</p>										
<p>Name: Number of Pharmacies Type: Numeric Format: 9999999 Max Length: 7 digits</p>	<p>Number of pharmacies contracted with the PSAO during the current year.</p>										
<p>Name: Administrative Fee Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Ongoing administrative fee PSAO charges the pharmacy for participating in the PSAO.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>										
<p>Name: Administrative Fee - Basis Type: String Max Length: 50 characters Format: ABCDE</p>	<p>The basis for which the fee is assessed. This field should clarify any relevant information about the administrative fee, such as its frequency (e.g., each year, each month, per paid claim, per transaction, etc.).</p>										

<p>Name: Administrative Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The description of how administrative fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: Escrow Fees Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>The total dollar amounts the PSAO charges pharmacies and places in escrow to cover recouped funds from a PBM audit in the current year.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Escrow Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The description of how escrow fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: Initial Fee Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Total dollar amount the PSAO charges the pharmacy to join the PSAO.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Initial Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>The description of how initial fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: Credentialing Fees Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Total dollar amount the PSAO charges the pharmacy related to any credentialing.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Credentialing Fees Description Type: String Max Length: 5000 characters Format: ABCDE</p>	<p>Interval between credentialing cycles for which the PSAO assesses any credentialing fee.</p>
<p>Name: Credentialing Frequency Type: String Max Length: 50 characters Format: ABCDE</p>	<p>The description of how credentialing fees are assessed depending on the type of pharmacy, size of pharmacy, and volume of business.</p>
<p>Name: NDC Type: Numeric Format: 00000000000 Max Length: 11 digits Min Length: 11 digits</p>	<p>A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.</p> <p>NOTE: The NDC field must be eleven digits long and maintain leading zeros.</p> <p>Example: 00012345678</p>

Name: Drug Name
 Type: String
 Max Length: 100 characters
 Format: ABCDE

Name of the drug for the NDC reported. Only include ingredient name.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name

Type: String

Max Length: 100 characters

Format: ABCDE

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Label Name

Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Type

Type: Choice
Choices: S, N, I

Drug Type is one of following values:

Single Source (S) – Drugs that having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA).

Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.

Name: Unit of Measure

Type: Choice
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Reimbursement Rate defined as one of the following values:

AHF: Anti-hemophilia factor

CAP: Capsule

SUP: Suppository

GM: Gram

ML: Milliliter

TAB: Tablet

TDP: Transdermal patch

EA: Each

Name: General Comments

Type: String
Max Length: 5000 characters
Format: ABCDE

Any additional information you would like to submit or provide to explain your responses.

Nullable

Note: Do not include hard returns.

Pharmacy Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and pharmacies in Washington State, as required in RCW 43.71C.080.

Files submitted for PSAO pharmacy year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pharmacy_yoy_rate_change” with your organizations name as this will result in your submission being rejected.

File naming schema: psao_pharmacy_yoy_rate_change_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pharmacy_yoy_rate_change_2022_S12345_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2023, and should include data effective for 2022.

Specification	Description										
<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345.</p> <p>Example:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #d9e1f2;">Entity Type</th> <th style="background-color: #d9e1f2;">Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p>Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy services administrative organization</p>										
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022</p>	<p>Current year for which the aggregate data is reported.</p>										
<p>Name: Pharmacy Chain Code Location Classification Type: Choice Choices: R, M, O</p>	<p>Network Descriptor for location has one of the following values:</p> <p>R = Rural M = Metro O = Other – Describe in General Comments field.</p>										

Name: Pharmacy Chain Code Type Classification
 Type: Choice
 Choices: G, C, I, O

Network Descriptor for type has one of the following values:
 G = Grocery
 C = Chain
 I = Independent
 O = Other – Describe in General Comments field.

Name: NDC
 Type: Numeric
 Format: 00000000000
 Max Length: 11 digits
 Min Length: 11 digits

A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.

NOTE: The NDC field must be eleven digits long and maintain leading zeros.

Example: 00012345678

Name: Drug Name
 Type: String
 Max Length: 80 characters
 Format: ABCDE

Name of the drug for the NDC reported. Only include ingredient name.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name

Type: String

Max Length: 80 characters

Format: ABCDE

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

For example:

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIREN- EMTRICITABINE- TENOFVIR DISOPROXIL FUMARATE	EFAVIREN- EMTRICITABINE- TENOFVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Label Name

Type: String
Max Length: 100 characters
Format: ABCDE

Drug name as marketed by manufacturer.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Type

Type: Choice
Choices: S, N, I

Drug Type is one of following values:

Single Source (S) – Drugs that having an FDA New Drug Application (NDA), or biologics having a Biologics License Application (BLA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA).

Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.

Name: Unit of Measure

Type: Choice
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

Unit of Measure for Reimbursement Rate defined as one of the following values:

AHF: Anti-hemophilia factor

CAP: Capsule

SUP: Suppository

GM: Gram

ML: Milliliter

TAB: Tablet

TDP: Transdermal patch

EA: Each

Name: WAC - Current

Type: Numeric
Format: 999999999999999.99
Max Length: 17 digits
Rule: greater than 0

The wholesale acquisition cost per unit of measure prior to the increase.

NOTE: Do not include any special characters (\$) or commas.

<p>Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by highest aggregate reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Reimbursement Rate Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Reimbursement rate of reported drug.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Current Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0</p>	<p>Contracted reimbursement rate in the current year.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Prior Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0 Nullable</p>	<p>Contracted reimbursement rate in the prior year.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Increase in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Largest Increase Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable</p>	<p>Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2020 – RR on December 31, 2019)/RR on December 31, 2019), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[\frac{(\text{RR December 31, 2020} - \text{RR December 31, 2019})}{\text{RR December 31, 2019}} \right] \times 100$ <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Increase Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>

<p>Name: Largest Decrease in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Decrease Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable</p>	<p>Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[\frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$ <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Decrease Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p>Note: Do not include hard returns.</p>

PBM Contracted Rates

This report shows the contracted rates between a PSAO and the PBM as required in RCW 43.71C.080.

Files submitted for PSAO PBM contracted rates report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pbm_contracted_rates” with your organizations name, as this will result in your submission being rejected.

File naming schema: psao_pbm_contracted_rates_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** psao_pbm_contracted_rates_2022_S12345_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD.

The submission of this report is due on October 1, 2023 and should include data effective for 2022.

Specification	Description										
<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X's are numeric digits e.g. 12345.</p> <p>Example:</p> <table border="1" data-bbox="617 646 1495 814"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p>Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy services administrative organization.</p>										
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022</p>	<p>Current year for which the aggregate data is reported.</p>										
<p>Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of PBM for which the contracted rates are being reported.</p>										
<p>Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits</p>	<p>Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.</p>										
<p>Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	<p>Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.</p>										
<p>Name: PBM Network Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy network (or chain code) for which the data is submitted</p>										
<p>Name: PBM Network ID Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Identification number of pharmacy network (or chain code) that PBM assigns to specific networks of pharmacies</p>										
Nullable											

Name: Pharmacy Chain Code Location Network Descriptor for location has one of the following values:
Classification
 Type: Choice R = Rural
 Choices: R, M, O M = Metro
 O = Other – Describe in General Comments field.

Name: Pharmacy Chain Code Type Network Descriptor for type has one of the following values:
Classification
 Type: Choice G = Grocery
 Choices: G, C, I, O C = Chain
 I = Independent
 O = Other – Describe in General Comments field.

Name: NDC A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.
 Type: Numeric
 Format: 00000000000
 Max Length: 11 digits
 Min Length: 11 digits
Example: 00012345678
NOTE: The NDC field must be eleven digits long and maintain leading zeros.

Name: Drug Name Name of the drug for the NDC reported. Only include ingredient name.
 Type: String
 Max Length: 100 characters
 Format: ABCDE
 For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name

Type: String

Max Length: 100 characters

Format: ABCDE

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

For example:

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIREN- EMTRICITABINE- TENOFVIR DISOPROXIL FUMARATE	EFAVIREN- EMTRICITABINE- TENOFVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Label Name

Type: String

Max Length: 100 characters

Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

For example:

NDC	Drug Name	Drug Product Name	Label Name
0000000000	EFAVIREN- EMTRICITABINE- TENOFVIR DISOPROXIL FUMARATE	EFAVIREN- EMTRICITABINE- TENOFVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
0000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
0000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

<p>Name: Drug Type Type: Choice Choices: S, N, I</p>	<p>Drug Type is one of following values:</p> <p>Single Source (S) – Drugs that having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.</p> <p>Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market.</p> <p>Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.</p>
<p>Name: Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by highest reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Reimbursement Rate Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than or equal to 0</p>	<p>Reimbursement rate of the reported drug.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Unit of Measure Type: Choice Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA</p>	<p>Unit of Measure for Reimbursement Rate defined as one of the following values:</p> <p>AHF: Anti-hemophilia factor CAP: Capsule SUP: Suppository GM: Gram ML: Milliliter TAB: Tablet TDP: Transdermal patch EA: Each</p>
<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p>Note: Do not include hard returns.</p>

PBM Year-Over-Year Rate Change

This report contains all of the data fields necessary to comply with reporting the drugs with the greatest change in reimbursement rate, for every contract between the PSAO and PBM for which a pharmacy in Washington State participated in, as required in RCW 43.71C.080.

Files submitted for PSAO PBM year-over-year rate change report should be named using the following schema:

- where ID is the Washington DPT Number assigned to you by HCA during the registration process,
- YYYY is the current reporting year, and
- YYYYMMDD is a placeholder for the submission due date.

In the case of a resubmission after file rejection, please use the same value for YYYYMMDD as the file that was rejected. Do not replace “psao_pbm_yoy_rate_change” with your organizations name, as this will result in your submission being rejected.

File naming schema: psao_pbm_yoy_rate_change_{YYYY}_{ID}_{YYYYMMDD}.csv

- **Example:** Example: psao_pbm_yoy_rate_change_2022_S12345_20231001.csv
- Please use the submission due date not the date the report was prepared for YYYYMMDD

The submission of this report is due on October 1, 2023 and should include data effective for 2022.

Specification	Description										
<p>Name: Washington DPT Number Type: String Max Length: 6 characters Format: ABCDEF</p>	<p>WA Drug Price Transparency (DPT) assigned unique submitter identifier upon registration with the Health Care Authority Drug Price Transparency program.</p> <p>This number is unique to you and follows a format of either CXXXXX, MXXXXX, SXXXXX or PXXXXX where C, M, S and P indicate whether you are a carrier, manufacturer, PSAO or PBM. The X’s are numeric digits e.g. 12345.</p> <p>Example:</p> <table border="1"> <thead> <tr> <th>Entity Type</th> <th>Washington DPT Number</th> </tr> </thead> <tbody> <tr> <td>Carrier</td> <td>C12345</td> </tr> <tr> <td>Manufacturer</td> <td>M12345</td> </tr> <tr> <td>PSAO</td> <td>S12345</td> </tr> <tr> <td>PBM</td> <td>P12345</td> </tr> </tbody> </table>	Entity Type	Washington DPT Number	Carrier	C12345	Manufacturer	M12345	PSAO	S12345	PBM	P12345
Entity Type	Washington DPT Number										
Carrier	C12345										
Manufacturer	M12345										
PSAO	S12345										
PBM	P12345										
<p>Name: PSAO Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of pharmacy services administrative organization</p>										
<p>Name: Year Type: Numeric Format: 9999 Max Length: 4 digits Min Length: 4 digits Rule: 2022</p>	<p>Current year for which the aggregate data is reported.</p>										
<p>Name: PBM Name Type: String Max Length: 80 characters Format: ABCDE</p>	<p>Name of PBM for which the contracted rates are being reported.</p>										
<p>Name: PBM IIN Number Type: Numeric Format: 000000 Max Length: 6 digits</p>	<p>Issuer Identification Number, used for adjudicating prescription drug claims as assigned by the PBM. Also called BIN number.</p>										
<p>Name: Contract Expiration Date Type: Date Format: YYYY-MM-DD Min Year: 1900 Max Year: 2100</p>	<p>Date for which contract with PBM for the reported reimbursement rates is scheduled to expire.</p>										

Name: PBM Network Name Name of pharmacy network (or chain code) for which the data is submitted.
 Type: String
 Max Length: 80 characters
 Format: ABCDE

Name: PBM Network ID Identification number of pharmacy network (or chain code).
 Type: String
 Max Length: 80 characters
 Format: ABCDE

Name: NDC A three-segment code maintained by the Federal Food and Drug Administration that includes a labeler code, a product code, and a package code for a drug product.
 Type: Numeric
 Format: 00000000000
 Max Length: 11 digits
 Min Length: 11 digits
Example: 00012345678
NOTE: The NDC field must be eleven digits long and maintain leading zeros.
Example: 00012345678

Name: Drug Name Name of the drug for the NDC reported. Only include ingredient name.
 Type: String
 Max Length: 80 characters
 Format: ABCDE
 For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Product Name

Type: String

Max Length: 100 characters

Format: ABCDE

Name of the drug product for the NDC reported, to include ingredient name as reported in standardized drug databases. This name should include ingredient, salt form, dosage form, strength, and any other information specific to the NDC.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Label Name

Type: String
Max Length: 100 characters
Format: ABCDE

Proprietary or legal name as marketed by manufacturer.

For example:

NDC	Drug Name	Drug Product Name	Label Name
00000000000	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE	EFAVIRENZ- EMTRICITABINE- TENOFIVIR DISOPROXIL FUMARATE 10MG TABLET	ATRIPLA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ 40MG/0.8	HUMIRA
00000000000	ADALIMUMAB	ADALIMUMAB PEN INJ CD/UC/HS	HUMIRA CD/UC/HS STARTER
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG TABLET	AMOXICILLIN
00000000000	AMOXICILLIN	AMOXICILLIN 500 MG CAPSULE	AMOXICILLIN

NOTE: Special characters, hyphens, symbols, or slashes are allowed.

Name: Drug Type

Type: Choice
Choices: S, N, I

Drug Type defines whether the drug is a single source (S), non-innovator multiple-source (N) or an innovator multiple-source (I).

Single Source (S) – Drugs that having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market.

Innovator Multiple-Source (I) – Drugs that have an NDA and no longer have patent exclusivity.

Name: Unit of Measure

Type: Choice
Choices: AHF, CAP, SUP, GM, ML, TAB, TDP, EA

U Unit of Measure for Reimbursement Rate defined as one of the following values:

AHF: Anti-hemophilia factor

CAP: Capsule

SUP: Suppository

GM: Gram

ML: Milliliter

TAB: Tablet

TDP: Transdermal patch

EA: Each

<p>Name: WAC - Current Type: Numeric Format: 9999999999999999.99 Max Length: 17 digits Rule: greater than 0</p>	<p>The wholesale acquisition cost per unit of measure prior to the increase. NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Current Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0</p>	<p>Contracted reimbursement rate in the current year. NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Reimbursement Rate Prior Type: Numeric Format: 999999999.99 Max Length: 11 digits Rule: greater than 0</p>	<p>Contracted reimbursement rate in the prior year. NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Increase in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by largest increase in reimbursement rate from the prior year to the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>
<p>Name: Largest Increase Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable</p>	<p>Largest increase in reimbursement rate (RR) expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[\frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$ <p>NOTE: Do not include the percent sign (%).</p>
<p>Name: Largest Increase Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest increase in reimbursement, expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: Largest Decrease in Reimbursement Rank Type: Numeric Format: 99 Max Length: 2 digits Rule: less than or equal to 25 Nullable</p>	<p>Rank of top 25 drugs (as defined by Drug Name) by largest decrease in reimbursement rate in the current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p>

<p>Name: Largest Decrease Reimbursement Percent Type: Numeric Format: 99999.99 Max Length: 7 digits Nullable</p>	<p>Largest decrease in reimbursement expressed as a percent. The reimbursement rate as of December 31st of the current year, minus reimbursement rate as of December 31st of the prior year, divided by the reimbursement rate as of December 31st of the prior year, expressed as a percentage.</p> <p>For example, the ((RR December 31, 2021 – RR on December 31, 2020)/RR on December 31, 2020), expressed as a percentage. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> $\left[\frac{(\text{RR December 31, 2021} - \text{RR December 31, 2020})}{\text{RR December 31, 2020}} \right] \times 100$ <p>NOTE: Do not include the percent sign (%).</p>
<p>Name: Largest Decrease Reimbursement Dollar Type: Numeric Format: 999999999.99 Max Length: 11 digits Nullable</p>	<p>Largest decrease in reimbursement expressed as a dollar amount. Defined as the difference in reimbursement rate from prior year to current year. If not one of the top 25 drugs by drug name for this rank, then leave blank.</p> <p>NOTE: Do not include any special characters (\$) or commas.</p>
<p>Name: General Comments Type: String Max Length: 5000 characters Format: ABCDE Nullable</p>	<p>Any additional information you would like to submit or provide to explain your responses.</p> <p>Note: Do not include hard returns.</p>

Appendix A – ST Web Client User Guideline

Prerequisites

Before you can log in to ST Web Client and open a session, you need:

- A high-speed Internet connection
- A supported Internet browser:
 - Microsoft Internet Explorer 11
 - Microsoft Edge - latest version
 - Mozilla Firefox - latest version
 - Apple Safari - latest version
 - Google Chrome - latest version

Step 1.

All entities will go to the following external portal link

<https://support.hca.wa.gov/>

Step 2.

Click on “Public”

Login with your current SAW login in credentials. If you don't have a SAW account please click on “SIGN UP!”

Step 3.

Click on “Make a request”.

You will now have access to all of your entities' SAW accounts.

View Details	View Details	View Details
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Step 4.

First time registering – you will see “DPT Entity Registration” only

Important:

Primary and secondary contact emails must be for an individual and not a group or shared email.

Once registration is completed your entity will be assigned a unique HCA ID.

Once you have registered you will have the additional options of:

- DPT Registration Correction
 - Update contact information
- DPT Template Submission
 - Submit reports
- DPT Re-submission/Extension
 - Request an extension for your submission
 - Request permission to resubmit a report that has previously been submitted (these reports have previously been accepted for both Technical Validation and Program Validation).

Update contact information click on “DPT Registration Correction Form”

You must know your Tax ID number.

You have the option of updating one or all of the following:

- Organization address
- Primary contact information
- Secondary contact information

Click on the first box you would like to update. When finished with that section click on the next section you would like to update.

Important!

You must click “Submit” when complete.

DPT Template Submission

Organization Type

- Carrier
- Manufacturer
- PBM
- PSAO

Organization Name – Entity name will appear, click on it.

Template – Entity must choose which report they are uploading.

Reporting year – Entity must choose which year they are reporting for.

Click

A blue rectangular button with a white circular icon containing an upward-pointing arrow and the text "Required - Upload" in white.

You will navigate to your report.

You will receive immediate feedback on errors, and may resubmit at anytime once you have corrected those errors.

row 1 col 15 (WAC Increase Rank Percent); Percent value is too large

You will also receive feedback stating “File successfully validated”.

Important!

You must click “Submit” once you receive the file successfully validated in order for the report to be accepted into the Enterprise Data Warehouse (EDW).

DPT Re-submission/Extension

DPT Re-submission form is used when an entity finds an error in a report that has previously been submitted. This report has been accepted by HCA DPT for both technical and program validations. The entity is requested to resubmit this report.

Extension form is used when an entity will not be able to meet the due date of their required reports and is requesting additional time.

You first will need to choose the “Action”.

- Resubmit
- Extension

Important!

You must click “Submit” in order to submit your request.

